

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Towpkinsville* *Chesley* CountyDate of death | 907 | Month *Nov* | Day *11* | Age *24* | Years | Months | DaysSex *male* *Colard* Color or Race *B* Birth-place *Banks of Ma*Occupation *Farmer* Where Residing if not at place of death *Springfield*Married, Single or Widowed *single* Name of Wife or HusbandFather's Name *Geo A Chisley* Father's Birthplace *Stattens Creek*Mother's Maiden Name *Julia Hill* Mother's Birthplace *Banks of Ma*Name of person giving information *Leuis E Bowersough* How related to deceased *Third Cousin*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

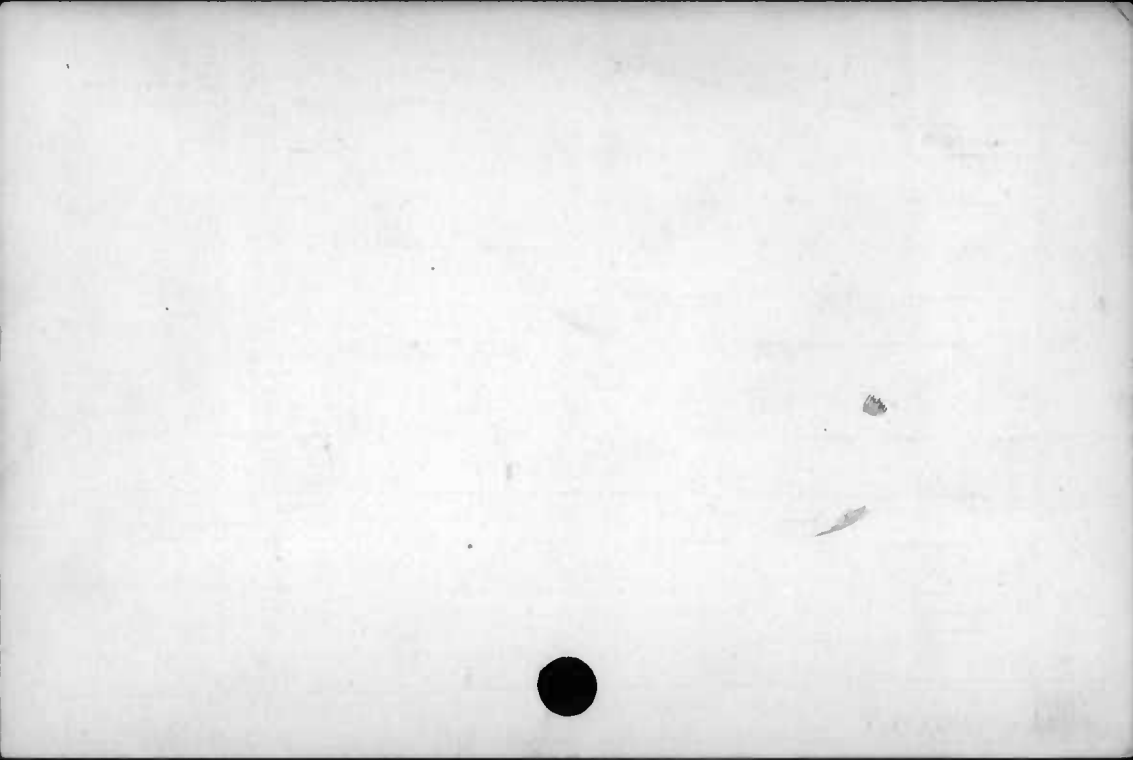
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Nora Ann Easton

CERTIFICATE OF DEATH

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NEAREST FRIEND

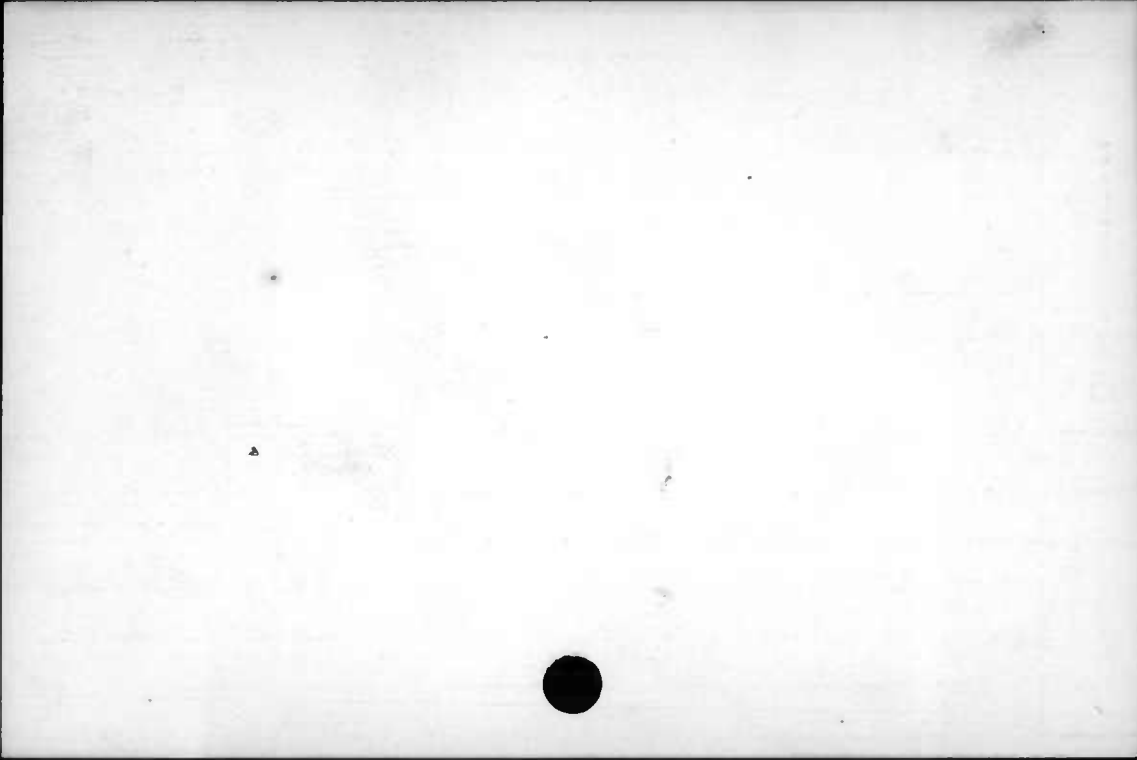
Died at <i>Pommonkey</i>		County <i>Chas</i>		MARYLAND	
Date of death	1907	Month <i>Nov</i>	Day <i>12</i>	Age Years	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Duch</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Limmie Swann</i>		Father's Birthplace <i>Duch</i>			
Mother's Maiden Name <i>Hasey Easton</i>		Mother's Birthplace <i>Duch</i>			
Name of person giving In formation <i>Walter Collins</i>		How related to deceased <i>Wson</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		
Immediate	<i>Colery infantum</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	
Signature of Physician	<i>John P. Marshall</i>	
Address	<i>Sub R 2</i>	
Accident or Suicide?	<i>9</i>	



Name
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Agnes Filera Hamner

CERTIFICATE OF DEATH

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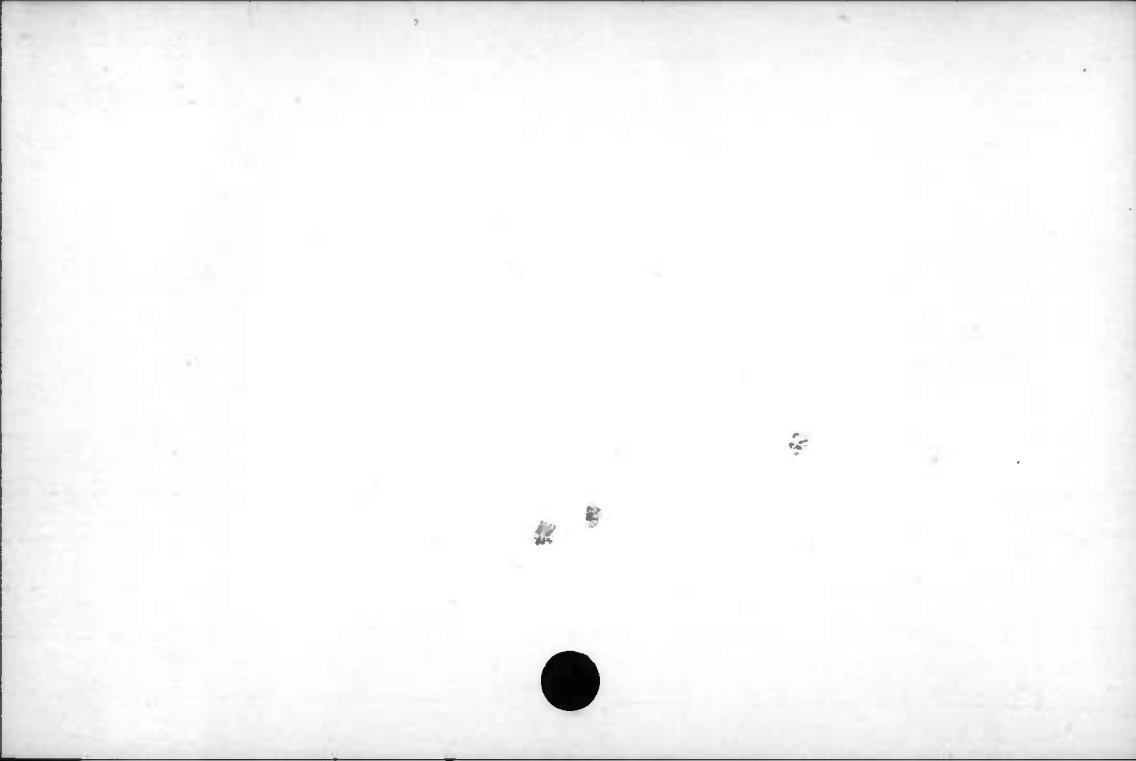
Died at *Newport* ^{Town} *Charles* ^{County}
 Date of death *1907* ^{Month} *Nov* ^{Day} *4th* Age *48* ^{Years} *18* ^{Months} ^{Days}
 Sex *Female* Color or Race *Colored* Birth place *Charles*
 Occupation *none* Where Residing if not at place of death *none*
 Married, Single or Widowed *single* Name of Wife or Husband *none*
 Father's Name *Geo Hamner* Father's Birthplace *Charles*
 Mother's Maiden Name *Francis Butler* Mother's Birthplace *Charles*
 Name of person giving information *Geo Hamner* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Stomach Complaint* How long *three months*
 Immediate How long
 Are the name, age, sex, color, date and place correctly given above?
yes Signature of Physician *W S Gales*
 Address *Widomico md*
Sub Ry
 Accident or Suicide?



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Name *John A. Johnson* Town *Chesapeake* County *Charles*

Died at *Chesapeake* MARYLAND

Date of death *1907* Month *Dec* Day *2* Age *80* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *John P. Marshall* How related to deceased *None*

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary *None* How long _____

Immediate *Heart Failure* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John P. Marshall* Address *Sub Rg*

Accident or Suicide? _____

B.R.



Name
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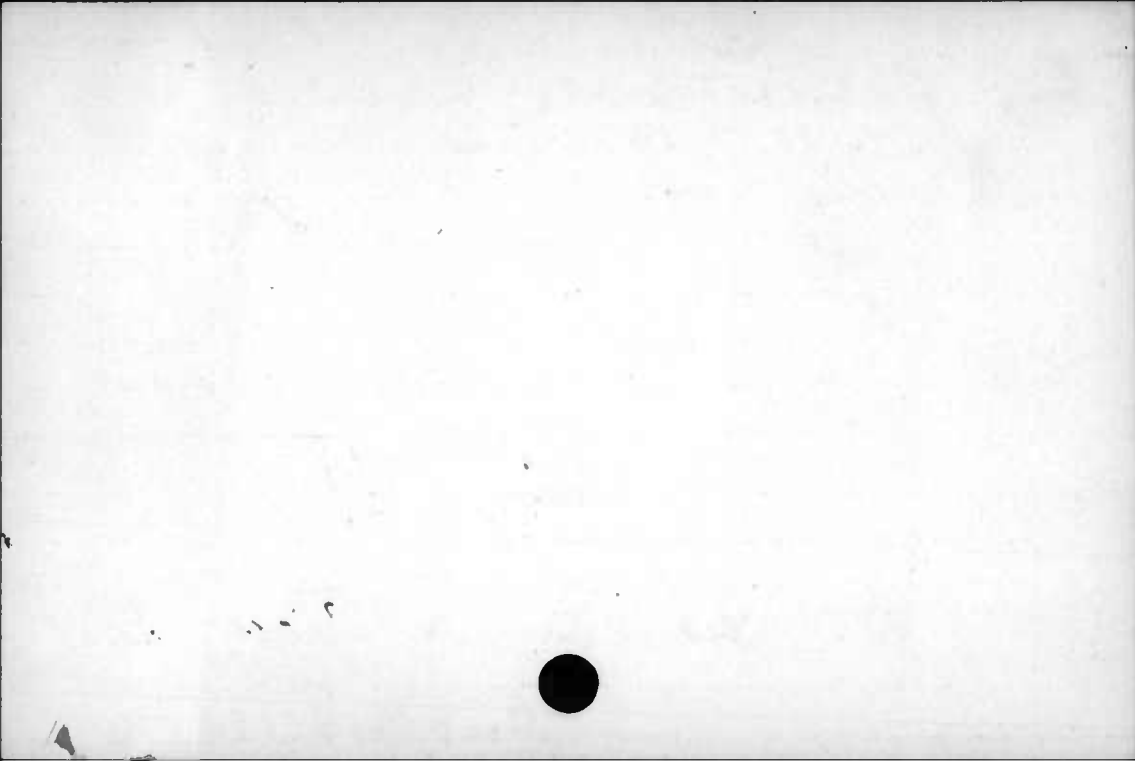
Name <i>John Klurtesh</i>		Town <i>Brown</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Brown</i>							
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>17</i>		Age Years <i>80</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Joseph H. Howard</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chalazomycetis</i>	How long <i>Months</i>
Immediate <i>Short-fallen</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Brown</i>
	Address <i>Waldorf</i>
Accident or Suicide <i>No</i>	<i>Yes</i>



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MARYLAND

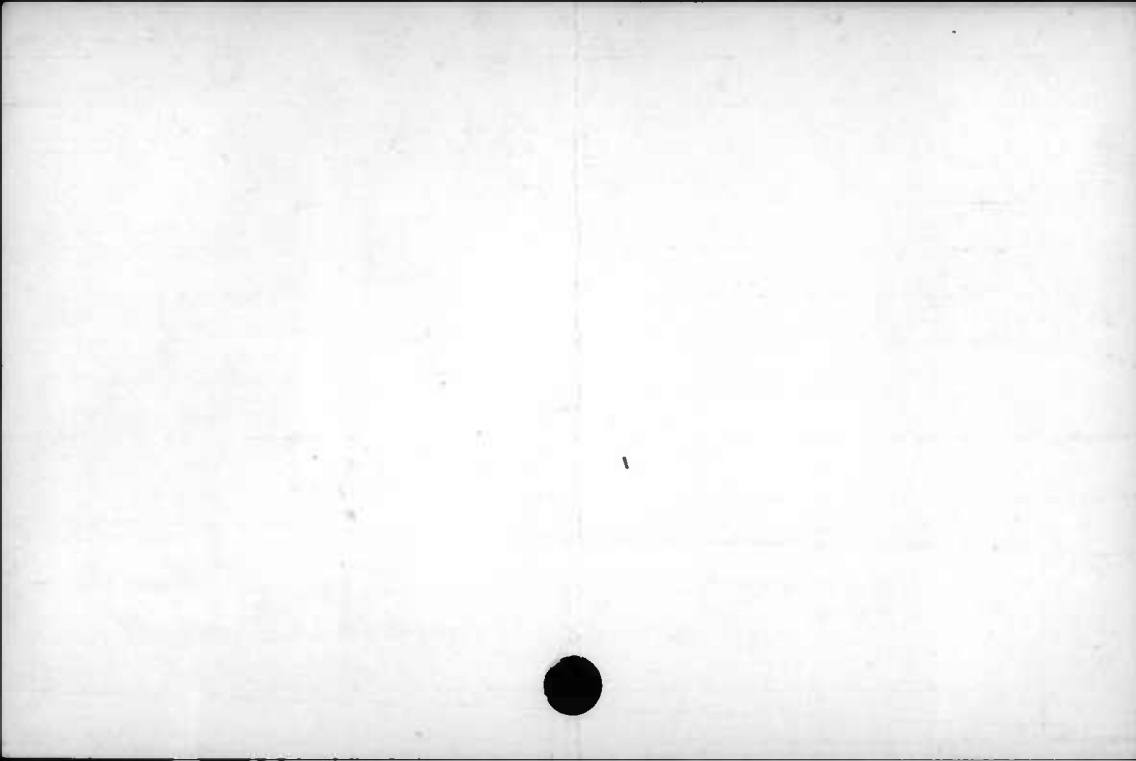
Died at <u>Raluxen City</u> ^{Town}		<u>Charles</u> ^{County}			
Date of death <u>1904</u>	<u>11</u> ^{Month}	<u>19</u> ^{Day}	<u>6</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or <u>Race</u>		Birth-place <u>Raluxen City</u>		
Occupation <u>none</u>		Where Residing if not at place of death <u>Raluxen City</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Edward Lynde</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Ulyssa B. Lynde</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Edw. Lynde</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Pharyngitis</u>	How long <u>6 days</u>
Immediate <u>Heart Failure</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. H. H. Chapin</u>
	Address <u>Register</u>
Accident or Suicide? <u>No</u>	<u>Harrisonville Md</u>



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Mandue

Town

Doncaster

County

Charles

MARYLAND

Died at

Date

1907

Month

Nov.

Day

16

Years

Age

72

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Co. Md.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Ann Mandue

Father's
Name

Walter Mandue

Father's
Birthplace

Charles Co. Md.

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

Annie Hart

How related
to deceased

Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Arteriosclerosis, Nephritis.

How long

15 years

Immediate

Apoplexy.

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

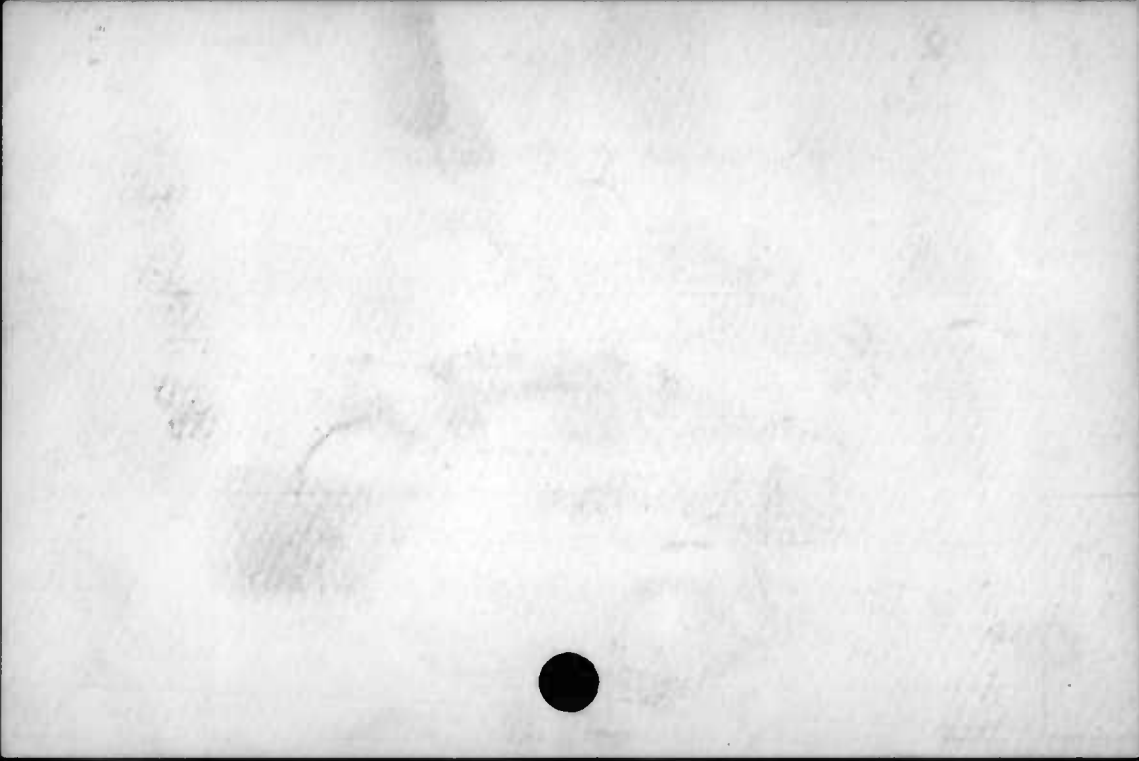
Geo. C. Bicknell,

Address

Pisgah, Md.

Accident or Suicide?

—



Name
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Morris E. Morris

CERTIFICATE OF DEATH

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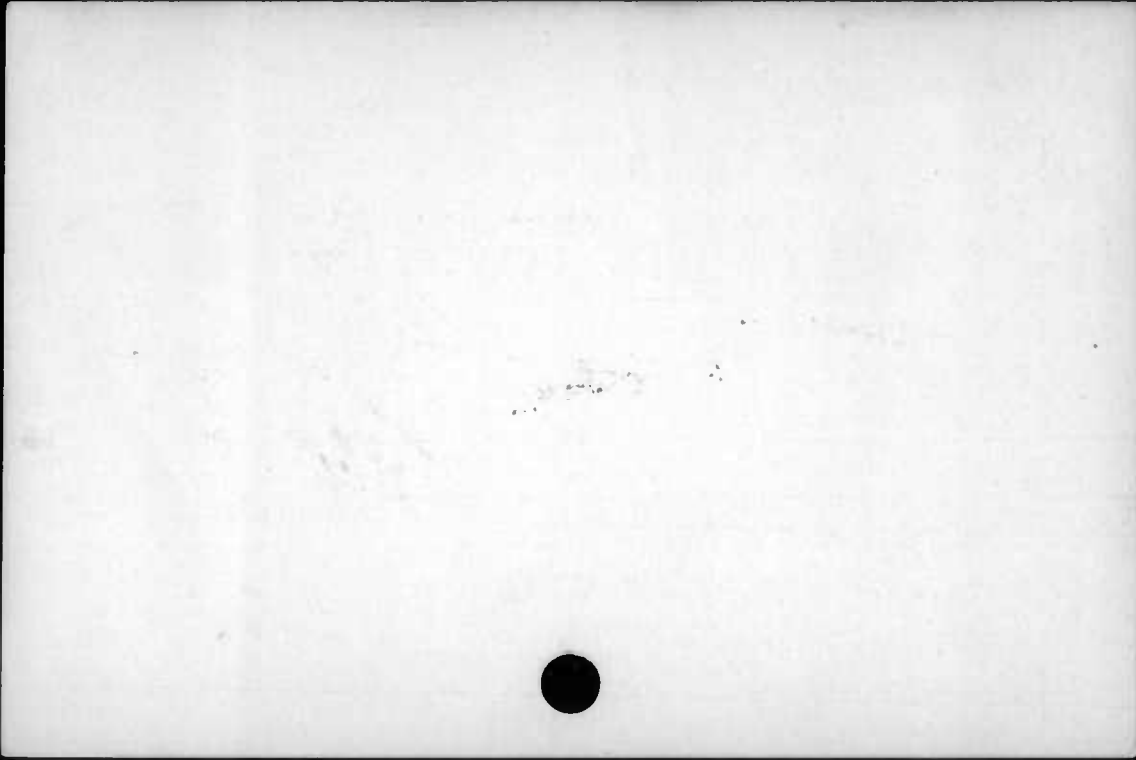
Died at <u>La Plata</u> ^{Town}		<u>Charles</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>11</u> th	Age <u>47</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Charles Co</u>		
Occupation <u>laborer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Ignatius Morris</u>		Father's Birthplace <u>Charles Co</u>			
Mother's Maiden Name <u>Margaret E Morris</u>		Mother's Birthplace <u>Charles Co</u>			
Name of person giving information <u>Ruth H. Moore</u>		How related to deceased <u>brother</u>			

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <u>Curvature of Spine</u>	How long <u>2 or 3 yrs</u>
Immediate <u>Gradual exhaustion</u>	How long <u>3 or 6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. S. Owen</u>
	Address <u>La Plata</u>
Accident or Suicide? <u>no</u>	<u>med</u>



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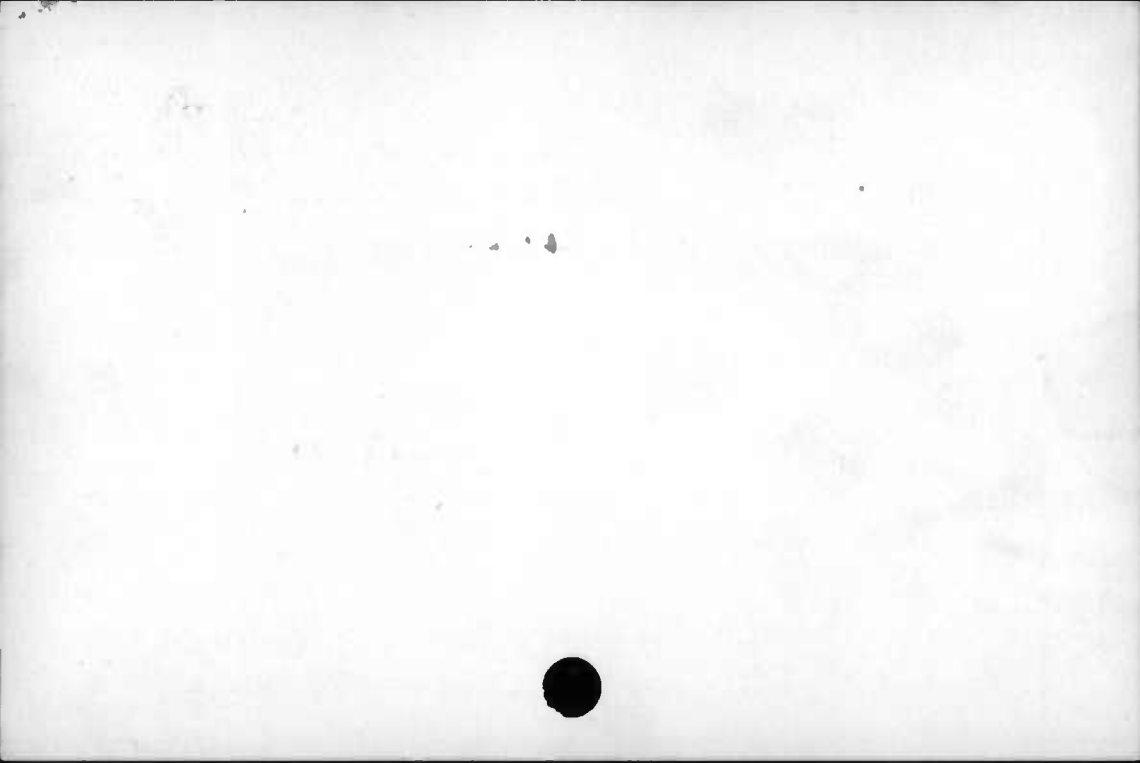
Died at <u>Bolton</u> Town		<u>Chas.</u> County		MARYLAND	
Date of death	1907	Month	11	Day	7
Age	33	Years		Months	
Sex	male	Color or Race	colored	Birth place	not known
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Joseph Pinkney			Father's Birthplace	not known
Mother's Maiden Name	Kate Tyler			Mother's Birthplace	not known
Name of person giving information	Albie Tyler			How related to deceased	brother-in-law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Two years.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	No Physician.
		Address	C. D. Dept. Actg. Comm. Priscattown
Accident or Suicide?			



Name
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Effie Savoy

CERTIFICATE OF DEATH

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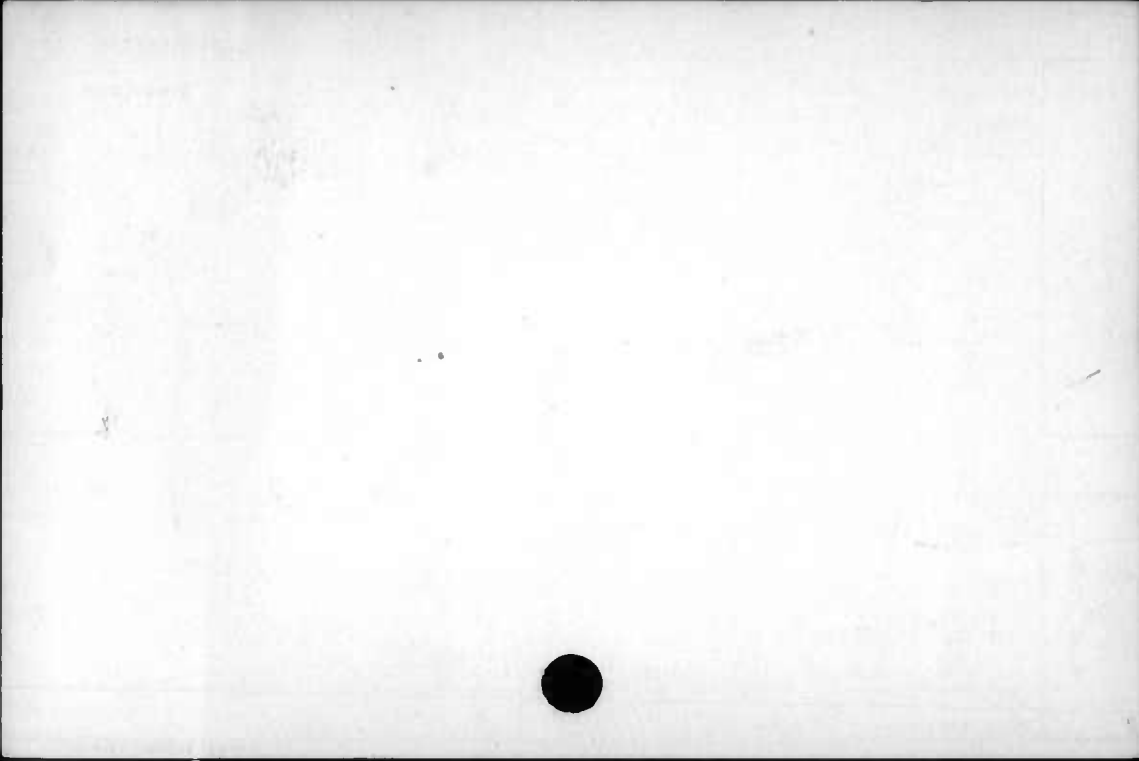
Died at <i>Riverside</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>2</i>	Age	Years	Months
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Riverside, Md</i>	
Occupation <i>(blank)</i>			Where Residing if not at place of death <i>(blank)</i>		
Married, Single or Widowed <i>(blank)</i>		Name of Wife or Husband <i>(blank)</i>			
Father's Name <i>Samuel Savoy</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Janis Carter</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Samuel Savoy</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary <i>Lock Jaw</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm James Matthews</i>
<i>(initials)</i>	Address <i>Sub = Registrar Grayton Md</i>
Accident or Suicide? <i>(blank)</i>	



Name
in
Full

Albert

Swann

CERTIFICATE OF DEATH

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MARYLAND

Died at *Indian Head* TownCounty *Charles*Date of death *1907* Month *Nov.*Day *29*

Age Years Months Days

Sex *Male*Color or Race *Colored*Birth-place *Chas Co Md.*Occupation *Carpenter*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Lizzie (Butter) Swann*Father's Name *H. J. C. Mitchell*Father's Birthplace *D. D. Co.*Mother's Maiden Name *Mary V. Swann*Mother's Birthplace *Charles Co.*Name of person giving information *B.R.*

How related to deceased

CAUSES OF DEATH

1118

PHYSICIAN
OR CORONERPrimary *Appendicitis (post operation)*How long *Ten months*Immediate *General Peritonitis*How long *Two weeks*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Earle P. Huff, Asst. Surg. W.S.N.*Address *Naval Proving Ground,
Indian Head, Md.*Accident or Suicide? *_____*

R. H. Dement
Sub Registrar
Indian Head, Md.

Name
in
Full

CERTIFICATE OF DEATH

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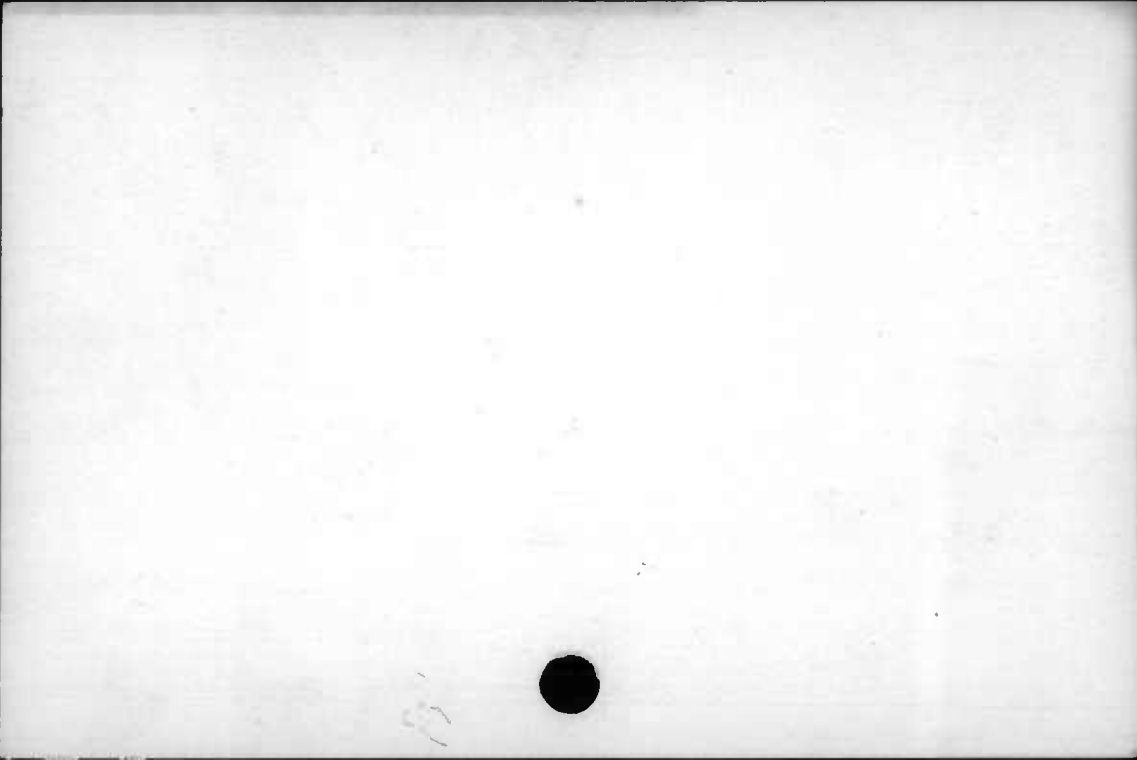
Died at <i>Pomoukey</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	1907	Month	Nov	Day	22	Age	Years
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		Days <i>4 hours</i>	
Occupation		Where Residing if not at place of death		<i>at place of death</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Marcelous Swann</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Barbara Annis Butler</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Marcelous Swann</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long	
Immediate	<i>Strangled</i>	How long	<i>1/2 Hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John P Marshall</i>	
<i>Child got a mouth full of</i>		Address <i>Sub Key</i>	
<i>blood supposed to be</i>			
Accident or Suicide? <i>on that way</i>			



Name
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Full

Robert Leo Thompson.

CERTIFICATE OF DEATH

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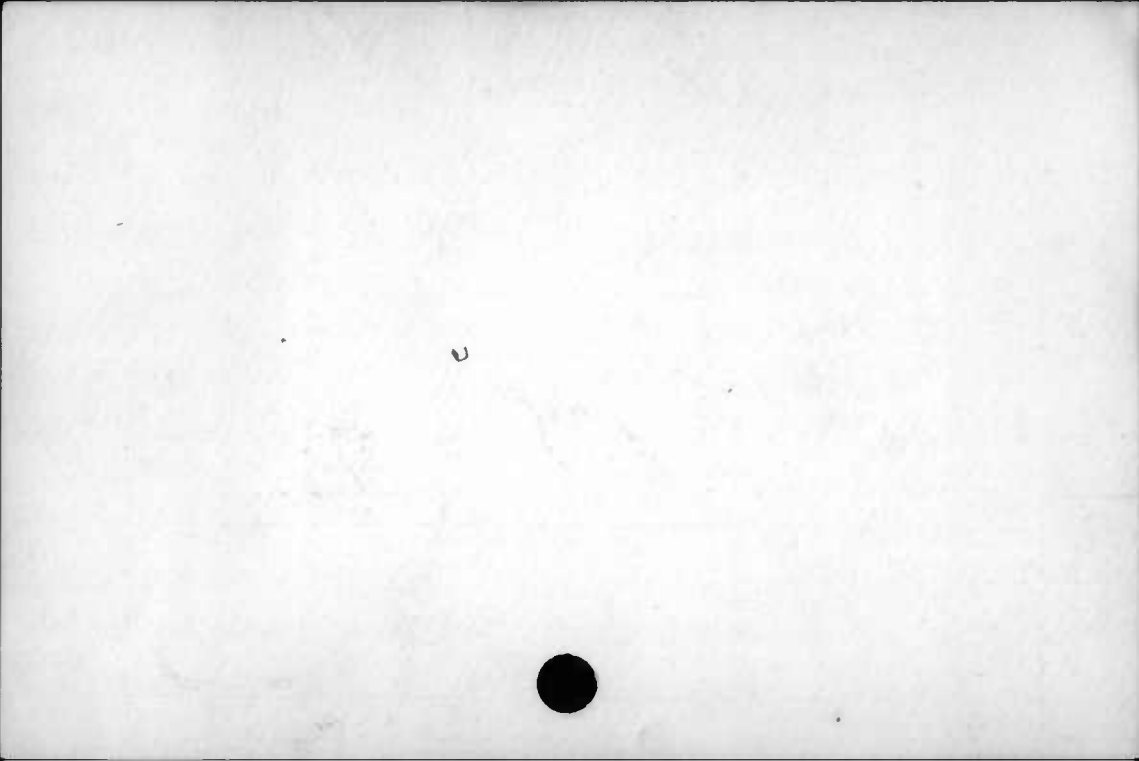
Died at <i>Mason Springs</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov.</i>	Day	<i>7</i>
Age		<i>19</i>		Months	<i>2</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Laborer</i>		Birth-place	<i>Charles Co. Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>William Thompson</i>			Father's Birthplace	<i>Charles Co. Md.</i>
Mother's Maiden Name	<i>Catherine M. Davis</i>			Mother's Birthplace	<i>St. Mary's Co. Md.</i>
Name of person giving information	<i>James C. Thompson</i>			How related to deceased	<i>Half brother</i>

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever - Tuberculosis</i>	How long	<i>6 weeks</i>
Immediate	<i>Arthritis Typhoid Meningitis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Geo. C. Bicknell.</i>	
Address		<i>Trigah. ind.</i>	
Accident or Suicide?			



Name
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Name in Full <i>Joseph Tubman</i>		Town <i>Donceaster</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at <i>near</i>		Month <i>Nov</i>		Day <i>19</i>		Years <i>68</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>Common labor</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frances Kelton</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Benton Butler</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Old age and general weakness</i>	How long	<i>3 months</i>
Immediate	<i>Weakness</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James W. Wheeler</i>	
		Address <i>Sub-Registrar Grayton Ind</i>	
Accident or Suicide? <i>C</i>			

